

Date Correction Plan Due  
5/9/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Little Rubies Childcare Center

Provider Number / Facility ID Number

9000562969 / 001

Address - Facility (Street, City, State, Zip Code)

7937 W Custer Ave Milwaukee WI 532183529

Telephone Number  
414-466-0040

Date - Regulation Visit  
4/24/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1)(b)3.d.	<p>Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.</p> <p>Description: The CPR training of the operator has expired and not been updated.</p>	<p>I will take the CPR training in May, 2024. I will take the class offered at Red Cross.</p>	<p>Aug. 18, 2024</p>	

Certified Operator / Licensed Center

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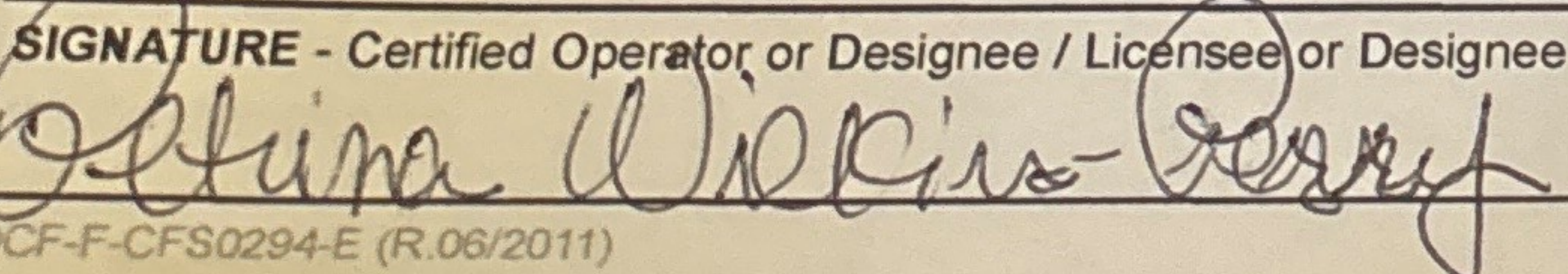
Telephone Number  
414-455-8040

Date - Regulation Visit  
4/24/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(2)(am)1. A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.  Description: The carbon monoxide detector in the basement of the home was missing.	I will purchase two carbon monoxide detectors and have them installed on each level.	May 10, 2024	
3	202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.  Description: The smoke detector on the main level of the home and in the basement were not operating.	I will purchase two smoke detectors and they will be installed one on each level.	May 10, 2024	

NAME - Agency Worker  
Jean Houston

Date Issued  
4/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee  


Date Signed  
05/06/2024